

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Amy Acton
 2703 Rochester Rd.
 Shaker Heights, OH
 44122-2166



9590 9402 4800 8344 3223 50

Case 20-cv-01948

2. Article Number (Transfer from service label)

7018 1830 0002 1852 5577

A. Signature

A. Ar

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/26/20

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

20-cv-1948

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING#

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CLEVELAND OH 440

26 OCT 2020 PM 3 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 4800 8344 3223 50

United States
Postal Service

FILED

OCT 29 2020

- Sender: Please print your name, address, and ZIP+4® in this box*

Clerk's Office
114 US Courthouse
1716 Spielbusch Ave.
Toledo, OH 43604

CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO
TOLEDO

